For consideration for the RCGP Innovation Award 2015:

The Seasonal Session Shifting Project

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The Seasonal Session Shifting Project

Summary of the areas of innovation to be considered:

- *Shifting clinical sessions from times of low to high demand, creating an expansile workforce to meet variations in seasonal patient need.*

- *Building a 'fail safe' into the clinical care delivery model, thus creating insulation for the practice to maintain ongoing service provision.*

- *A Robust system for the recording of seasonal demand variation and utilisation of this information to proactively forecast the practice service provision.*

- *The ability to identify extra clinical capacity and also respond to predicted deficits in meeting demand.*

- *Utilisation of identified extra capacity for practice and clinician improvement projects (developing special interests, telemedicine, sports medicine)*

- *Networking and symbiotic working with other cluster practices*

- *Sharing redundant clinical capacity to meet Grampian wide workforce shortages.*

The Background: Capacity and Demand

The Denburn Medical Practice has been operating the enhanced urban access project (see our previous years RCGP innovation submission) for the last 3 years. A key component of this; a continual real time data collection of patient demand which is used proactively to prevent appointment backlog accruing by matching patient demand to clinical capacity.

The practice operates a 'total triage' model whereby all patient requests, for face-to-face consultation with a clinician, whether on the same day or for a future date, have an initial telephone consultation with a G.P. To facilitate this the practice administered a number of measures to ensure that barriers, for patients contacting the practice, were minimised including doubling the incoming phone lines and ensuring adequate numbers of reception staff were on duty at peak call times.

Receptionists record the patients' details, callback phone number and a brief description of the presenting complaint. Thereafter all appointment requests are logged onto a call list for the G.P. to contact. The clinical system used at Denburn is EMIS and the entry of this data creates a real time auditable trail. Several parameters can be analysed: the time of day each patient called, how long they waited for a call back, and the final outcome of each call.

After collating data for the last 3 years we were able to use it proactively to manage our patient demand. Analysis revealed several trends and patterns. We were able to forecast projected call volumes, and therefore demand, for each day of the week and adjust our staffing levels accordingly. This pertained not only to the number of sessions needed per day, but also to the timing of these sessions AM or PM. Peak call volumes occurred from between 0800hrs to 1030hrs each day, reducing significantly between 1130-1400hrs. There was another peak in the afternoon before tailing off towards the end of the day. Armed with this knowledge clinicians were able to schedule face-to-face patient reviews accordingly, affording more time for complex cases and conducting other work during the down time.

From further analysis of the data, we were able to identify maximal seasonal peaks of demand occurring, over six months, from November to April. Accordingly, the workforce was calibrated to accommodate this peak clinical demand.

However by employing resource to meet peak demand, when the demand diminished (during the six months from May-October) the practice had significant redundant clinical capacity, which was not being utilised efficiently. This project describes our utilisation of that redundancy during the summertime and the benefits realised.

The Redundancy Engineering Concept In Primary Care:

In engineering, the concept of passive redundancy uses excess capacity to reduce the impact of system or component failures. This is achieved by duplicating critical components or functions of the system with the intention of increasing the reliability of the system, usually in the form of a backup or fail safe. We applied this concept to our model of primary care service delivery.

During the summer months, as fewer clinical sessions were needed, the practice decided to use this redundant capacity to provide locum sessions throughout the Grampian region. This extra capacity also provided a potential internal fail safe for times of crisis. The income generated from these sessions was reinvested back into the practice, being utilised to buy extra sessions during the winter months, and subsidise our pre-existing posts. This became a form of 'back-up' for our service delivery model.

Seasonal Session Shifting an Expansile Workforce:

A key concept was for the Practice to shift doctor sessions from times of low demand to high demand, leading to maximal workforce efficiency. Our workforce became dynamic, expansile and a truly demand-led system as opposed to our previous supply-led system. Instead of offering a fixed number of sessions through the whole year, we increased and decreased sessions in response to our patient demand. Rather than fostering an inflexible ethos with redundant, superfluous sessions during the summer, we embraced a flexible system that liberated and utilised this previous redundant capacity. This capacity could then be redeployed in a way that was responsive to practice needs.

Realised Benefits

The concept of redundancy engineering and seasonal session shifting had a number of benefits, which can be summarised as follows:

Supporting external workforce shortages

This year, the Denburn was able to utilise some of our sessional redundancy to help with an unplanned workforce shortage crisis in the Grampian region. This concept of sharing practice resources is a potential model by which cluster practices can work together in an efficient and mutually beneficial way to help deal with the emerging workforce shortage in the Grampian region.

Networking and cluster role development

Working in other practices afforded an opportunity for exposure to different practice systems. It opened a dialogue and collaboration around different and mutually beneficial models of care and consolidated relationships within the cluster and the sharing of resources.

Service Viability and Contingency planning

The current ongoing primary care staff shortages can potentially compromise the ability for a practice to offer an adequate service provision. This is due to the threat of unforeseen circumstances such as early retirement, difficulty in recruitment and sickness absence, leading to an inability for a practice to meet their ever-increasing patient demand. Having an inbuilt passive redundancy insulates a practice from unforeseen circumstances, creating a robust and viable business model. Having additional clinical resources at times of peak demand ensures that clinical staff are not over-worked, which potentially alleviates the risk of burnout and ultimately increases staff morale.

Training and Staff development

Similarly the redundant sessions could be utilised by clinical staff to develop areas of interest and career development. One partner used this time to develop an interest in sports medicine and another to further their training role. The other partners became involved in GMEDs management projects furthering interests in unscheduled care and telemedicine.

Sabbatical Planning

The summer months, during periods of low clinical demand, provided an opportune time for staff members to consider a sabbatical period without introducing any undue deficit to the service provision of the practice.

Conclusion

By combining concepts ranging from seasonal session shifting, expansile workforce and passive redundancy, the Denburn Medical Practice has been able to meet any unforeseen clinical demand, assist staff in professional development and support other medical practices in the Grampian region with current workforce shortages.